

York – Poquoson Triad Senior Survey

The York – Poquoson Sheriff's Office and the Attorney General of Virginia in conjunction with the York – Poquoson Triad are committed to reducing the victimization of seniors throughout York County and Poquoson. We need your help to assist us in taking positive steps to improve our community. Please answer each question by placing a check in the column that best describes your views. (Please complete this survey only once). To what extent does each of the following affect your life?

I.	Major Concern	Minor Concern	Very Little Concern
Fear of going out after dark?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear of fraud or con artists?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vandalism in the neighborhood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of public transportation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of personal isolation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear of robbery (i.e. purse snatching)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear of burglary (home invasion)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vendors knocking on the door?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neglect by family or friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear of personal abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II.

Some suggested improvements in this community include the following:

Would these changes/additions improve your life?

	Very Much	To Some Degree	A Total Waste
Street lighting improvements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expanded Neighborhood Watch Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Transportation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Security Recommendations by Deputies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group housing resident councils?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daily reassurance phone calls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior van available at night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

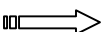
III.

Indicate in order of importance (1 being most important) the top 5 crime-related concerns in your area:

<input type="checkbox"/> Fear of Crime	<input type="checkbox"/> Burglary	<input type="checkbox"/> Solicitors/Vendors
<input type="checkbox"/> Vandalism	<input type="checkbox"/> Vacant/Abandoned House	<input type="checkbox"/> Purse Snatching
<input type="checkbox"/> Animal Problems	<input type="checkbox"/> Traffic Concerns	<input type="checkbox"/> Rape
<input type="checkbox"/> Victimization	<input type="checkbox"/> Fraud/Scams	<input type="checkbox"/> Abuse/Neglect
<input type="checkbox"/> Residential Burglary	<input type="checkbox"/> Murder	<input type="checkbox"/> Assault
<input type="checkbox"/> Other: _____		

York – Poquoson Sheriff's Office
J.D. "Danny" Diggs, Sheriff

Please complete
the other side



IV.

Would you be interested in any of the following crime prevention programs?

☐ Neighborhood Watch ☐ Home Security Survey ☐ Personal Safety Skills

Others: _____

Would you be interested in participating in a volunteer program to assist law enforcement?

☐ Yes ☐ No Please specify areas of interest:

☐ Neighborhood Watch ☐ Reassurance Visits ☐ Office Work
☐ Victim Assistance Program ☐ Home Security ☐ Sheriff's Academy

Do you need assistance with: ☐ Transportation/courier ☐ Shopping
 ☐ Running Errands ☐ Other

Supply your zip code + 4 digit number _____ Do you live alone? Yes: ☐ No: ☐

Sex: Male ☐ Female ☐ Age: 55-65 ☐ 65-75 ☐ Over 75 ☐

V.

Optional Information: Your name and address might be helpful, but are not required:

Name: _____ Phone number: _____

Address: _____

Thank you for your time. This information is beneficial and will enable the York – Poquoson Sheriff's Office and the York- Poquoson Triad to serve you better.

Please return survey to:
York - Poquoson Sheriff's Office
Crime Prevention Unit
P.O. Box 99
Yorktown, Virginia 23690

York – Poquoson Sheriff's Office
J.D. "Danny" Diggs, Sheriff